



Djibouti: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

Released by the Office of the Senior Coordinator for International Women's Issues

Practice:

The two forms of female genital mutilation (FGM) or female genital cutting (FGC) widely practiced throughout Djibouti are Type II (commonly referred to as excision) and Type III (commonly referred to as infibulation). Type III is the most common form and is practiced among the Issa and Afar. Type II is practiced on girls of Yemeni origin.

Incidence:

Various estimates are that between 90 and 98 percent of young girls in Djibouti have undergone Type II or Type III. The practice is firmly entrenched among the Issa and Afar who make up the overwhelming majority of the population of Djibouti. It is practiced on 41 percent of girls under the age of five and on 95 percent of girls under the age of ten.

Attitudes and Beliefs:

The practice of FGM/FGC is deeply rooted in custom that is often defended on religious (Islamic) grounds, despite the fact there is no mention of the practice in the Quran.

Although the practice has long been entrenched in the culture and society of Djibouti, young women in the early 1980s initiated discussions and called for its abolition. Some progress and changes in attitudes have slowly been made. The official policy in Djibouti is to discourage Type III as a first step towards change.

Type II:

Type II is the excision (removal) of the clitoris together with all or part of the labia minora (the inner vaginal lips).

Type III:

Type III is the excision (removal) of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing of the vaginal opening leaving a very small opening, about the diameter of a matchstick, to allow for the flow of urine and menstrual blood. The girl or woman's legs are generally bound together from the hip to the ankle so she remains immobile for approximately 40 days to allow for the formation of scar tissue.

Type II and Type III are generally performed without the use of anesthesia.

Outreach Activities:

In 1987, a National Committee with members from the Ministries of Health, Justice and Education, as well as from the Red Crescent Society and "Union Nationale des Femmes de Djibouti" (UNFD), was set up. The Committee works under the umbrella of UNFD. UNFD advocates complete abolition of this practice.

UNFD used to run a dispensary at its headquarters where girls were brought in for a less radical form of the procedure (Type II). This was performed by a traditional excisor, but the girl was given a local anesthetic before the operation. It was believed that a less radical form could be encouraged through control in the dispensary. While protecting girls from Type III in many cases, this did not prove to be totally successful in stopping it in all cases brought to the dispensary. In some cases, grandmothers took the girls home complaining that the procedure was incomplete. They then had the girls infibulated. UNFD has now closed its dispensary.

The government has incorporated awareness about FGM/FGC into its national program to promote safe motherhood. It has a focal person at the Ministry of Health who deals specifically with women's health issues. Non-governmental organizations (NGOs) and international organizations are free to disseminate information and provide training and education about the harmful effects of the practice. The Ministry of Health allows use of clinics and health training centers for distribution of information about FGM/FGC and other harmful health practices.

The Ministry of Information encourages media coverage of information relating to conferences on this topic. Neighborhood leaders are appointed to promote public awareness campaigns. They are perceived as playing an important role in the

dissemination of information.

The Association for the Equilibrium and Promotion of the Family (ADEPF), a local NGO, runs programs to inform the population about the harmful effects of this practice. The international NGOs, the Red Sea Team International and Caritas also work to end the practice in the country. Caritas is very active, printing posters and educational material and working with the Ministry of Health, local NGOs, the United Nations Children's Fund (UNICEF) and other organizations.

The United Nations Population Fund (UNFPA) is active in Djibouti in anti-FGM/FGC campaigns, working closely with the Ministry of Health, NGOs and health workers. UNICEF is also involved in these efforts.

Both UNFD and ADEPF raise public awareness by instructing school children and women's groups on the harmful health effects of this practice. They organize national seminars, workshops and training for traditional birth attendants (TBAs), information sessions for target groups such as religious leaders, mothers, fathers and policy-makers and conduct publicity campaigns. They also participated in the production of a film about the issue in Djibouti.

In 1997, the National Committee of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) in Djibouti produced a film on FGM/FGC and other harmful traditional practices, which was shown on national television. After the showing a roundtable was held with members of IAC/Djibouti, doctors, religious leaders, traditional healers and TBAs. They all agreed that the practice had harmful health consequences and was not justified under science, religion or culture.

There have been a number of declarations made about this practice, including that of the State Prosecutor who said, "...I wish to remind that the Republic of Djibouti has ratified the Convention on the Rights of the Child, thus committing itself to put an end to all harmful treatments directed to children. The suffering endured by innocent children is intolerable and reprehensible. Such criminal acts are provided for and punishable by article 324 and following of the Penal Code. From now on, instructions will be given to all police forces in order for those who carry out such harmful practices to be prosecuted and punished by law."

UNICEF and the World Health Organization (WHO) are the major international organizations involved in campaigns in Djibouti. A WHO representative also trains village birth attendants about the dangers of this practice.

There is an increased awareness, especially in the rural areas, of the harmful effects of this practice. Medical personnel throughout the country are aware of the law criminalizing this practice. Posters against the practice are found throughout the country. Anecdotally there has been a move toward using the less radical form, Type II, instead of Type III, especially in Djibouti City. This has been attributed, in part, to increased public awareness through campaigns and openness among the population in discussing the subject.

The newspaper "La Nation" has carried a few articles, interviews and short messages to make the public aware of the harmful health effects of the practice. Radio and television advertisements have also been used to raise awareness of the effects of the practice.

A major obstacle to disseminating information about this subject is the illiteracy rate. An ADEPF report states that 72 percent of Djiboutian women are illiterate. In response, UNFPA, UNFD, Caritas, Red Sea Team International and other groups use street theater, story telling and other means of communication more in line with the oral traditions of Djiboutian society to get their message across.

The U.S. government, through the U.S. Embassy's Democracy and Human Rights Fund (DHRF), has provided funding for education programs by local NGOs to end this practice. It has provided funds to ADEPF and to the Red Crescent Society. In 1996, ADEPF received US\$24,871 to conduct an FGM/FGC survey, to provide education to school children and women's groups on the health effects of the practice and to organize a television debate on the subject. In 2000, the Red Sea Team International received US\$18,010 to provide health education and human rights awareness (including violence against women and FGM/FGC) for women and children throughout Djibouti.

Legal Status:

This practice was outlawed in the country's revised Penal Code that went into effect in April 1995. Article 333 of the Penal Code provides that persons found guilty of FGM/FGC will face a five year prison term and a fine of one million Djibouti francs (US\$5,600).

Enforcement to date is quite another matter. The UNFD is aware of only one case in which a young woman had to be hospitalized after undergoing the operation where the "midwife" who performed the operation was given "counsel." She was advised not to continue her practice. Apparently, no formal charges were brought.

Protection:

We are unaware of any groups or organizations that provide protection to someone who wants to avoid this practice.

A woman faces no legal or economic repercussions in Djibouti if she has not undergone FGM/FGC. There is often social

pressure, however, from relatives to at least undergo Type II. Local traditions and social pressure are the main impediments to the abolition of this practice.

Prepared by the Office of the Senior Coordinator for International Women's Issues, Office of the Under Secretary for Global Affairs, U.S. Department of State, June, 2001

Released on June 1, 2001

[FGM/FGC Country Reports Front Page](#)